

health, the Patient Protection and Affordable Care Act (Public Law 111-148) requires all non-grandfathered individual and group health plans to cover without cost-sharing preventive services, including a set of evidence-based preventive services for women supported by the Health Resources and Services Administration of the Department of Health and Human Services. These women's preventive services include the full range of female-controlled contraceptive methods, effective family planning practices, and sterilization procedures, approved by the Food and Drug Administration. The Health Resources and Services Administration has affirmed that contraceptive care includes contraceptive counseling, initiation of contraceptive use, and follow-up care (such as management, evaluation, and changes to and removal or discontinuation of the contraceptive method).

(9) The Defense Advisory Committee on Women in the Services has recommended that all the Armed Forces, to the extent that they have not already, implement initiatives that inform members of the Armed Forces of the importance of family planning, educate them on methods of contraception, and make various methods of contraception available, based on the finding that family planning can increase the overall readiness and quality of life of all members of the Armed Forces.

(10) The military departments received more than 7,800 reports of sexual assaults involving members of the Armed Forces as victims or subjects during fiscal year 2019. Through regulations, the Department of Defense already supports a policy of ensuring that members of the Armed Forces who are sexually assaulted have access to emergency contraception, and the initiation of contraception if desired and medically appropriate.

SEC. 763. CONTRACEPTION COVERAGE PARITY UNDER THE TRICARE PROGRAM.

(a) PHARMACY BENEFITS PROGRAM.—Section 1074g(a)(6) of title 10, United States Code, is amended by adding at the end the following new subparagraph:

“(D) Notwithstanding subparagraphs (A), (B), and (C), cost-sharing requirements may not be imposed and cost-sharing amounts may not be collected with respect to any eligible covered beneficiary for any prescription contraceptive on the uniform formulary provided through a retail pharmacy described in paragraph (2)(E)(ii) or through the national mail-order pharmacy program.”.

(b) TRICARE SELECT.—Section 1075 of such title is amended—

(1) in subsection (c), by adding at the end the following new paragraph:

“(4)(A) Notwithstanding any other provision of this section, cost-sharing requirements may not be imposed and cost-sharing amounts may not be collected with respect to any beneficiary under this section for a service described in subparagraph (B) that is provided by a network provider.

“(B) A service described in this subparagraph is any method of contraception approved by the Food and Drug Administration, any contraceptive care (including with respect to insertion, removal, and follow up), any sterilization procedure, or any patient education or counseling service provided in connection with any such method, care, or procedure.”; and

(2) in subsection (f), by striking “calculated as” and inserting “calculated (except as provided in subsection (c)(4)) as”.

(c) TRICARE PRIME.—Section 1075a of such title is amended by adding at the end the following new subsection:

“(d) PROHIBITION ON COST-SHARING FOR CERTAIN SERVICES.—(1) Notwithstanding subsections (a), (b), and (c), cost-sharing requirements may not be imposed and cost-

sharing amounts may not be collected with respect to any beneficiary enrolled in TRICARE Prime for a service described in paragraph (2) that is provided under TRICARE Prime.

“(2) A service described in this paragraph is any method of contraception approved by the Food and Drug Administration, any contraceptive care (including with respect to insertion, removal, and follow up), any sterilization procedure, or any patient education or counseling service provided in connection with any such method, care, or procedure.”.

SEC. 764. PREGNANCY PREVENTION ASSISTANCE AT MILITARY MEDICAL TREATMENT FACILITIES FOR SEXUAL ASSAULT SURVIVORS.

(a) IN GENERAL.—Chapter 55 of title 10, United States Code, is amended by inserting after section 1074o the following new section:

“§ 1074p. Provision of pregnancy prevention assistance at military medical treatment facilities

“(a) INFORMATION AND ASSISTANCE.—The Secretary of Defense shall promptly furnish to sexual assault survivors at each military medical treatment facility the following:

“(1) Comprehensive, medically and factually accurate, and unbiased written and oral information about all methods of emergency contraception approved by the Food and Drug Administration.

“(2) Upon request by the sexual assault survivor, emergency contraception or, if applicable, a prescription for emergency contraception.

“(3) Notification of the right of the sexual assault survivor to confidentiality with respect to the information and care and services furnished under this section.

“(b) INFORMATION.—The Secretary shall ensure that information provided pursuant to subsection (a) is provided in language that—

“(1) is clear and concise;

“(2) is readily comprehensible; and

“(3) meets such conditions (including conditions regarding the provision of information in languages other than English) as the Secretary may prescribe in regulations to carry out this section.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘sexual assault survivor’ means any individual who presents at a military medical treatment facility and—

“(A) states to personnel of the facility that the individual experienced a sexual assault;

“(B) is accompanied by another person who states that the individual experienced a sexual assault; or

“(C) whom the personnel of the facility reasonably believes to be a survivor of sexual assault.

“(2) The term ‘sexual assault’ means the conduct described in section 1565b(c) of this title that may result in pregnancy.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1074o the following new item:

“1074p. Provision of pregnancy prevention assistance at military medical treatment facilities.”.

SEC. 765. EDUCATION ON FAMILY PLANNING FOR MEMBERS OF THE ARMED FORCES.

(a) EDUCATION PROGRAMS.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall establish a uniform standard curriculum to be used in education programs on family planning for all members of the Armed Forces, including both men and women members.

(2) TIMING.—Education programs under paragraph (1) shall be provided to members of the Armed Forces as follows:

(A) During the first year of service of the member.

(B) At such other times as each Secretary of a military department determines appropriate with respect to members of the Armed Forces under the jurisdiction of such Secretary.

(3) SENSE OF CONGRESS.—It is the sense of Congress that the education programs under paragraph (1) should be evidence-informed and use the latest technology available to efficiently and effectively deliver information to members of the Armed Forces.

(b) ELEMENTS.—The uniform standard curriculum for education programs under subsection (a) shall include the following:

(1) Information for members of the Armed Forces on active duty to make informed decisions regarding family planning.

(2) Information about the prevention of unintended pregnancy and sexually transmitted infections, including human immunodeficiency virus (commonly known as “HIV”).

(3) Information on—

(A) the importance of providing comprehensive family planning for members of the Armed Forces, including commanding officers; and

(B) the positive impact family planning can have on the health and readiness of the Armed Forces.

(4) Current, medically accurate information.

(5) Clear, user-friendly information on—

(A) the full range of methods of contraception approved by the Food and Drug Administration; and

(B) where members of the Armed Forces can access their chosen method of contraception.

(6) Information on all applicable laws and policies so that members of the Armed Forces are informed of their rights and obligations.

(7) Information on the rights of patients to confidentiality.

(8) Information on the unique circumstances encountered by members of the Armed Forces and the effects of such circumstances on the use of contraception.

SA 4788. Mr. LEE submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

On page 621, strike lines 14 through 24 and insert the following:

cross-strait relations;

(7) reinforcing the status of the Republic of Singapore as a Major Security Cooperation Partner of the United States and continuing to strengthen defense and security cooperation between the military forces of the Republic of Singapore and the Armed Forces of the United States, including through participation in combined exercises and training, including the use of the Foreign Military Sales Training Center at Ebbing Air National Guard Base in Fort Smith, Arkansas; and

(8) ensuring that the allies and partners referred to in paragraphs (1) through (7) contribute more than 50 percent of the total cost of mutual defense efforts in the Indo-Pacific region.

SA 4789. Mr. LEE submitted an amendment intended to be proposed to

amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

On page 578, strike lines 14 through 19 and insert the following:

(1) by striking “fiscal year 2021” and inserting “fiscal year 2022”; and

(2) by striking “, as specified in the funding tables in division D of this Act”.

SA 4790. Mr. LEE submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

Strike section 1061.

SA 4791. Mr. MORAN (for himself and Ms. ROSEN) submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title VII, add the following:

SEC. 744. GRANT PROGRAM FOR INCREASED OPERATION ON POST-TRAUMATIC STRESS DISORDER RESEARCH BETWEEN UNITED STATES AND ISRAEL.

(a) FINDINGS AND SENSE OF CONGRESS.—

(1) FINDINGS.—Congress makes the following findings:

(A) The Department of Veterans Affairs reports that between 11 and 20 percent of veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom have post-traumatic stress disorder (in this paragraph referred to as “PTSD”) in a given year. In addition, that figure amounts to about 12 percent of Gulf War veterans and up to 30 percent of Vietnam veterans.

(B) The Department of Veterans Affairs reports that among women veterans of the conflicts in Iraq and Afghanistan, almost 20 percent have been diagnosed with PTSD.

(C) It is thought that 70 percent of individuals in the United States have experienced at least one traumatic event in their lifetime, and approximately 20 percent of those individuals have struggled or continue to struggle with symptoms of PTSD.

(D) Studies show that PTSD has links to homelessness and substance abuse in the United States. The Department of Veterans Affairs estimates that approximately 11 percent of the homeless population are veterans and the Substance Abuse and Mental Health Services Administration estimates that about seven percent of veterans have a substance abuse disorder.

(E) Our ally Israel, under constant attack from terrorist groups, experiences similar issues with Israeli veterans facing symptoms of PTSD. The National Center for Traumatic Stress and Resilience at Tel Aviv University found that five to eight percent of combat soldiers experience some form of PTSD, and during wartime, that figure rises to 15 to 20 percent.

(F) Current treatment options in the United States focus on cognitive therapy, exposure therapy, or eye movement desensitization and reprocessing, but the United States must continue to look for more effective treatments. Several leading hospitals, academic institutions, and nonprofit organizations in Israel dedicate research and services to treating PTSD.

(2) SENSE OF CONGRESS.—It is the sense of Congress that the Secretary of Defense, acting through the Psychological Health and Traumatic Brain Injury Research Program, should seek to explore scientific collaboration between academic institutions and nonprofit research entities in the United States and institutions in Israel with expertise in researching, diagnosing, and treating post-traumatic stress disorder.

(b) GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary of Defense, in coordination with the Secretary of Veterans Affairs and the Secretary of State, shall award grants to eligible entities to carry out collaborative research between the United States and Israel with respect to post-traumatic stress disorders.

(2) AGREEMENT.—The Secretary of Defense shall carry out the grant program under this section in accordance with the Agreement on the United States-Israel binational science foundation with exchange of letters, signed at New York September 27, 1972, and entered into force on September 27, 1972.

(c) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be an academic institution or a nonprofit entity located in the United States.

(d) AWARD.—The Secretary shall award grants under this section to eligible entities that—

(1) carry out a research project that—

(A) addresses a requirement in the area of post-traumatic stress disorders that the Secretary determines appropriate to research using such grant; and

(B) is conducted by the eligible entity and an entity in Israel under a joint research agreement; and

(2) meet such other criteria that the Secretary may establish.

(e) APPLICATION.—To be eligible to receive a grant under this section, an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing such commitments and information as the Secretary may require.

(f) REPORTS.—Not later than 180 days after the date on which an eligible entity completes a research project using a grant under this section, the Secretary shall submit to Congress a report that contains—

(1) a description of how the eligible entity used the grant; and

(2) an evaluation of the level of success of the research project.

(g) TERMINATION.—The authority to award grants under this section shall terminate on the date that is seven years after the date on which the first such grant is awarded.

SA 4792. Mrs. MURRAY (for herself and Mr. MANCHIN) submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for mili-

tary activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title XXXI, add the following:

Subtitle F—Toxic Exposure Safety

SEC. 3161. SHORT TITLE.

This subtitle may be cited as the “Toxic Exposure Safety Act of 2021”.

SEC. 3162. PROVIDING INFORMATION REGARDING DEPARTMENT OF ENERGY FACILITIES.

Subtitle E of the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 U.S.C. 7385s et seq.) is amended by inserting after section 3681 the following:

“SEC. 3681A. COMPLETION AND UPDATES OF SITE EXPOSURE MATRICES.

“(a) DEFINITION.—In this section, the term ‘site exposure matrices’ means an exposure assessment of a Department of Energy facility that identifies the toxic substances or processes that were used in each building or process of the facility, including the trade name (if any) of the substance.

“(b) IN GENERAL.—Not later than 180 days after the date of enactment of the Toxic Exposure Safety Act of 2021, the Secretary of Labor shall, in coordination with the Secretary of Energy, create or update site exposure matrices for each Department of Energy facility based on the records, files, and other data provided by the Secretary of Energy and such other information as is available, including information available from the former worker medical screening programs of the Department of Energy.

“(c) PERIODIC UPDATE.—Beginning 90 days after the initial creation or update described in subsection (b), and each 90 days thereafter, the Secretary shall update the site exposure matrices with all information available as of such time from the Secretary of Energy.

“(d) INFORMATION.—The Secretary of Energy shall furnish to the Secretary of Labor any information that the Secretary of Labor finds necessary or useful for the production of the site exposure matrices under this section, including records from the Department of Energy former worker medical screening program.

“(e) PUBLIC AVAILABILITY.—The Secretary of Labor shall make available to the public, on the primary website of the Department of Labor—

“(1) the site exposure matrices, as periodically updated under subsections (b) and (c);

“(2) each site profile prepared under section 3633(a);

“(3) any other database used by the Secretary of Labor to evaluate claims for compensation under this title; and

“(4) statistical data, in the aggregate and disaggregated by each Department of Energy facility, regarding—

“(A) the number of claims filed under this subtitle;

“(B) the types of illnesses claimed;

“(C) the number of claims filed for each type of illness and, for each claim, whether the claim was approved or denied;

“(D) the number of claimants receiving compensation; and

“(E) the length of time required to process each claim, as measured from the date on which the claim is filed to the final disposition of the claim.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Energy, for fiscal year 2022 and each succeeding year, such sums as may be